

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	<input type="text" value="Regular"/>
Subject Matter::	<input type="text" value="Utility"/>
Suggested Classification::	<input type="text"/>
Suggested Group Art Unit::	<input type="text" value="None"/>
CD-ROM or CD-R?::	<input type="text" value="None"/>
Number of CD disks::	<input type="text" value="0"/>
Number of Copies of CDs::	<input type="text" value="0"/>
Sequence submission?::	<input type="text" value="None"/>
Computer Readable Form (CRF)?::	<input type="text" value="N/A"/>
Number of Copies of CRF::	<input type="text" value="0"/>
Title::	<input type="text" value="A METHOD AND SYSTEM FOR PROVIDING A WEB SERVICE BY A PLURALITY OF WEB DOMAINS THROUGH A SINGLE IP ADDRESS"/>
Attorney Docket Number::	<input type="text" value="135.005US01"/>
Request for Early Publication?::	<input type="text" value="No"/>
Request for Non-Publication?::	<input type="text" value="No"/>
Suggested Drawing Figure::	<input type="text" value="1"/>
Total Drawing Sheets::	<input type="text" value="2"/>
Small Entity?::	<input type="text" value="Yes"/>
Petition Included?::	<input type="text" value="No"/>
Petition Type::	<input type="text" value="N/A"/>
Licensed US Govt. Agency::	<input type="text" value="N/A"/>
Contract or Grant Numbers::	<input type="text" value="N/A"/>
Secrecy Order in Parent Appl.?::	<input type="text" value="No"/>

APPLICANT INFORMATION

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

APPLICANT INFORMATION

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 34206

Name:: Fogg & Associates, LLC

Street of mailing address:: 10 South Fifth Street

Suite 1000

City of mailing address:: Minneapolis

State or Province of mailing address:: Minnesota

Country of mailing address:: US

Postal or Zip Code of mailing address:: 55402

Phone number:: 612.332.4720

Fax Number:: 612.332-4731

E-Mail Address:: ryan@fogglaw.com

REPRESENTATIVE INFORMATION

Representative Customer Number::	<input type="text" value="34206"/>	
Representative Designation::	Registration Number::	Representative Name::
<input type="text" value="Primary"/>	<input type="text" value="David N. Fogg"/>	<input type="text" value="35,138"/>
<input type="text" value="Associate"/>	<input type="text" value="Scott V. Lundberg"/>	<input type="text" value="41,958"/>
<input type="text" value="Associate"/>	<input type="text" value="Laura A. Ryan"/>	<input type="text" value="49,055"/>
<input type="text" value="Associate"/>	<input type="text" value="Jon M. Powers"/>	<input type="text" value="43,868"/>
<input type="text" value="Associate"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Associate"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Associate"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Associate"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Associate"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Associate"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Associate"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Associate"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Associate"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Associate"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Associate"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Associate"/>	<input type="text"/>	<input type="text"/>

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application is a	Continuation of	PCT/IL02/00695	8/22/02
This Application is a	Continuation of		
This Application is a	Continuation of		
This Application is a	Continuation of		
This Application is a	Continuation of		
This Application is a	Continuation of		
This Application is a	Continuation of		
This Application is a	Continuation of		
This Application is a	Continuation of		
This Application is a	Continuation of		

FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::
Israel	145105	8/23/01	Yes
			No
			No
			No
			No
			No
			No
			No
			No
			No

ASSIGNMENT INFORMATION

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::